# USAID/PEPFAR Ethiopia In-Country Reporting System

## Ethiopia Community Prevention of Mother-to-Child Transmission Project (CPMTCT)

## IntraHealth International, Inc.

## ANNUAL PROGRESS REPORT (APR14)

**FOR**

## FISCAL YEAR 2014

## (OCTOBER 1ST, 2013 TO SEPTEMBER 30TH, 2014)

## CONTACT INFO FOR THIS REPORT:


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## LIST OF ACRONYMS

| | |
|---|---|
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| BCC | Behavioral Change and Communication |
| BEmONC | Basic Emergency Obstetric and Neonatal Care |
| CMSG | Community Mothers Support Group |
| CSO | Civil Society Organization |
| DCCM | Demand Creation Community Mobilization |
| EIFDDA | Ethiopian Interfaith Development and Dialogue for Action |
| EOC-DICAC | Ethiopian Orthodox Church Development and Inter Church Aid Commission |
| FANC | Focused Ante Natal Care |
| FMOH | Federal Ministry of Health |
| GOE | Government of Ethiopia |
| HAPCO | HIV/AIDS Prevention and Control Office |
| HC | Health Center |
| HEP | Health Extension Program |
| HEW | Health Extension Worker |
| HP | Health Post |
| IEC | Information, Education, and Communication |
| IGA | Income Generating Activities |
| IP | Infection Prevention |
| IYCF | Infant & Young Child Feeding |
| IYCN | Infant & Young Child Nutrition Project |
| IOCC | International Orthodox Christian Charities |
| MNCH | Maternal, Neonatal and Child Health |
| M&E | Monitoring and Evaluation |
| MSG | Mother Support Group |
| PATH | Program for Appropriate Technology in Health |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PFSA | Pharmaceutical Fund and Supply Agency |
| PHCU | Primary Health Care Unit |
| PI | Performance Improvement |
| PMTCT | Prevention of Mother-to-Child Transmission |
| QOC | Quality of Care |
| RTK | Rapid Test Kits |
| RHB | Regional Health Bureau |
| SCMS | Supply Chain Management Systems |
| TWG | Technical Working Group |
| UHEW | Urban Health Extension Worker |
| UHPDP | Urban Health Promotion and Disease Prevention |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

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## 1. Reporting period

| From: October 1st, 2013 | To: September 30th, 2014 |
|---|---|

## 2. Publications/reports

**Did your organization support the production of publications, reports, guidelines or assessments during the reporting period?**

No/Not Applicable ☒
Yes ☐ If yes, please list below:

Publications/Reports/Assessments/Curriculums

| Title | Author | Date |
|---|---|---|
| | | |
| | | |

**If Yes, Please attach an electronic copy of each document as part of your submission.**

## 3. Technical assistance

**Did your organization utilize short-term technical assistance during the reporting period?**

No/Not Applicable ☐
Yes ☒ Please list below:

Consultants/TDYers

| Name | Arrival | Departure | Organization | Type of Technical assistance provided |
|---|---|---|---|---|
| Sara Stratten | 04/11/13 | 02/12/13 | IntraHealth | Acting COP/CD while Misrak Makonnen was on maternity leave |
| Jennifer Wesson | 17/03/2014 | 04/04/2014 | IntraHealth | Technical support for QoC assessment report write-up and M&E |

**If Yes, Please attach an electronic copy of the TA report as part of your submission.**

## 4. Travel and Visits

**Did your organization support International travel during the reporting period?**

No/Not Applicable ☒
Yes ☐ Please list below:

International Travel (All international travel to conference, workshops, trainings, HQ or meetings).

| Name | Destination | Departure from Ethiopia | Arrival | Host Organization | Purpose of the travel |
|---|---|---|---|---|---|
| | | | | | |

**Have any Monitoring Visits/supervision been made to your program in during the reporting period?**

| Description of Monitoring team | Start date | End date | Sites visited | Written recommendations provided |
|---|---|---|---|---|
| USAID Team visited SNNP region CPMTCT project supported site | December 2nd , 2013 | December 2nd ,2013 | Secha Health center in Arba Minch Town, Gamo Gofa Zone | On-site oral feedback received |
| USAID Team visited to IntraHealth International-Ethiopia Country Office | December 4th, 2013 | December 4th, 2013 | Ethiopia Country Office | |
| USAID Team visited Oromiya region CPMTCT project supported sites | December 5th, 2013 | December | Guder Health center and Birbirsaduguma health post (one of the catchment HPs) in Guder Woreda, West Shoa Zone | On-site oral feedback received |
| USAID & CDC team visited Oromiya region CPMTCT site | 02/12/2013 | 6/12/2013 | West Arsi (Ropi, Senbete Sikile,& Wabe HCs ) and west shoa one sites ( Awaro HC & HPs under Guder catchment) | On-site oral feedback received |
| USAID team visited Oromiya region CPMTCT | 3/9/14 | 3/9/14 | Keta Health center | On-site oral feedback received |

5. Activity

| Program Area | Activity ID | Activity Title |
|---|---|---|
| ☒ **01-PMTCT** | 663-A-00-09-00429-00 | Community PMTCT |
| ☐ **02-HVAB** | | |
| ☐ **03-HVOP** | | |
| ☐ **04-HMBL** | | |
| ☐ **05-HMIN** | | |
| ☐ **07-CIRC** | | |
| ☐ **08-HBHC** | | |
| ☐ **09-HTXS** | | |
| ☐ **10-HVTB** | | |
| ☐ **11-HKID** | | |
| ☐ **12-HVCT** | | |
| ☐ **13-PDTX** | | |
| ☒ **14-PDCS** | 663-A-00-09-00429-00 | Community PMTCT |
| ☐ **15-HTXD** | | |
| ☐ **16-HLAB** | | |
| ☐ **17-HVSI** | | |
| ☐ **18-OHSS** | | |

## 6. Accomplishments and successes during the reporting period

This progress report reflects activities accomplished during FY2014 (October 1, 2013 – September 30, 2014), which is the final year of the project. Ongoing support was provided to 519 health centers across the five project regions. During this reporting period, the project invested time and effort in supporting the implementation of the new option B+ treatment protocol with national and regional stakeholders. Most importantly, given that this is the last year of the project, the focus has been on the roll out of a transition plan to ensure that the 519 project supported health centers continue to provide quality MNCH/PMTCT services when the project ends, thereby contributing to the GoE's goal of increasing MNCH/PMTCT service uptake and case follow-up.

**Highlight of selected achievements during this reporting period:**

As in the previous four years, the project has continued to provide technical support to FMOH, RHB and health centers, through strengthening the primary health care unit (PHCU), supportive supervision, mentoring, provision of job aids, basic and gap-filling trainings in MNCH/PMTCT, BEmONC and CQI, mother-to-mother support groups (MSG), case follow up, and community mobilization. These interventions all contribute to providing quality MNCH/PMTCT services and creating demand for such services.

Project staff continued to participate and provide technical support in national and regional PMTCT steering committee meetings, and TWGs, such as PMTCT, Quality improvement, Continued Professional Development, New born, reproductive health, safe motherhood, HIV/TB/STI, and integrated pharmaceutical logistics system (IPLS).

**Highlight on service uptake**

The project continues to provide support to 519 health centers across the five project regions. The table below reflects key indicators for this annual reporting period.

| Indicators | Results | Coverage (%) |
|---|---|---|
| Number of CPMTCT supported HCs | 519 | |
| Number of new ANC clients | 405,480 | |
| Number of pregnant women with known HIV status | 342,244 | 84% of new ANC clients |
| Number of HIV+ pregnant women identified | 2,055 | |
| Number of HIV+ pregnant women on ARVs | 1,784 | 87% of HIV+ pregnant women identified |
| Number of HEIs on ARVs | 1,133 | 54% of HIV+ pregnant women identified |
| Number of male partners tested | 147,401 | 43% of pregnant women tested |

**Consultative meetings on technical assistance reduction plan and sustainability**

During the year, series of transition meetings continued to take place at all levels of the health system, including community based organizations (CBOs). The project team at Country Office held transition meeting with FMOH and similar regional level meetings were conducted between country office representatives, regional managers and the respective regional health bureau (RHB) management team. The program officers facilitated transition meetings with zonal health department (ZHD) and woreda health office (WrHO) officials during their field visits. During these meetings, the status of transitioning PMTCT activities was reviewed, the concerns of the government counterparts in terms of their readiness to fully take over the project's implementation were addressed, and achievements of the CPMTCT project reviewed.

The key program areas emphasized during these meetings included: continuation of mother support group (MSG) activities by covering the fee for mentor transportation and coffee ceremony; continuing to track HIV+ PW and HEI using the innovative tracking wall charts developed by the project, which has been adopted by FMOH as a CQI component; continuing to conduct internal self-assessments by health center staff and strengthening IPLS as well as the PHCU review meetings.

As a result of these meetings, Amhara and Addis Ababa regions decided to take over MSG activities, starting July 2014 and are covering the cost of MSG mentor transport and coffee ceremony fees. The remaining three regions, Tigray, SNNP and Oromia, have made commitments to take over the MSG related costs starting October 2014. The CPMTCT project developed and shared a comprehensive transition guide on MSGs, including the details of the MSG implementation process and the tools required with all regional health bureaus.

The project has also used the different program review meetings such as catchment review meetings and trainings as opportunities to discuss the transition and sustainability issues and to engage all RHBs on the transition agenda, which resulted in a clear understanding of the RHBs' responsibilities in maintaining the project support given to the regions and to take ownership of the process.

**Option B+ implementation**

The CPMTCT project started rolling out Option B+ activities in the fourth quarter of FY2013 and continued to provide Option B+ training and mentoring during this year. Due to FMOH's country wide Option B+ expansion strategy for Option B+ services, and frequent request from the RHBs, the project expanded its support from the original 140 HCs to 519 health centers (100% of CPMTCT supported health centers). Challenges with the roll out of Option B+ have been the absence of ART drugs at the time of option B+ initiation. However, due to the project staff's continuous follow-up and communication at all levels, challenges associated with shortages of ART and test kits have reduced.

**Gap filling Capacity Building Training**

To ensure up to date and accurate knowledge and skills of all providers working in MNCH/PMTCT, the CPMTCT project continued to assess the health centers' staff capacity during JSS and FSS. Where necessary gap filling trainings have been provided, which has resulted in 1,286 health care providers being trained on a variety of PMTCT related topics. In addition, 67 mentor mothers were trained on basic MSG/Adherence and 18 CSO management staff was trained on proposal writing skills. The table below reflects the training provided by region.

**Summary of training supported by CPMTCT project during FY14**

| Training Title | Addis Ababa | Amhara | Oromiya | SNNPR | Tigray | Total |
|---|---|---|---|---|---|---|
| Basic MSG and Adherence Training | 0 | 25 | 42 | 0 | 0 | 67 |
| Basic PMTCT and option B+ training | 0 | 0 | 70 | 0 | 59 | 129 |
| Basic PMTCT/ MNCH/RH training | 50 | 149 | 24 | 99 | 29 | 351 |

| | | | | | | |
|---|---|---|---|---|---|---|
| BC/CM training | 32 | 0 | 0 | 0 | 0 | 32 |
| BEMONC | 30 | 83 | 74 | 92 | 45 | 324 |
| CQI Training | 32 | 0 | 135 | 0 | 0 | 167 |
| CQI & Option B+ Update | 0 | 141 | 0 | 0 | 0 | 141 |
| DBS Sample collection and Transportation Training | 22 | 0 | 0 | 0 | 0 | 22 |
| IYCF training | 0 | 52 | 48 | 54 | 27 | 181 |
| Option B+ update training | 0 | 49 | 73 | 0 | 27 | 149 |
| Proposal writing skill | 18 | 0 | 0 | 0 | 0 | 18 |
| SGD skills training | 26 | 0 | 0 | 0 | 0 | 26 |
| **Total** | **210** | **499** | **466** | **245** | **187** | **1,607** |

Due to intensive demand creation and community mobilization efforts by the CPMTCT project, government and other partners, there is a gradual increase of service uptake particularly on ANC and SBA. In order to reduce the supply side challenges as well as the third delay for maternal morbidity and mortality which has been caused by: dysfunctional health facilities due to lack of medical supplies, poorly trained and motivated staff, inadequate referral system, sensitization workshop on respectful maternity care was organized in all project intervention regions. A total of 3,149 (Tigray=154, Amhara=1800, AA=465, Oromia=265 and SNNP=465) participants attended the workshop. During the reporting period, a one day sensitization workshops were organized on respectful maternity care. In addition the training was integrated and given in all review meetings and trainings organized by the CPMTCT project. Discussions were held with all project supported regions, ZHD, WrHO and HCs to add respectful maternity care in their performance review meetings.

The outcome of these meetings is that staffs are aware of the consequences of abusive behavior toward pregnant woman and an understanding of the importance of a kind and caring environment if women are to come to health facilities to get ANC and labor and delivery services.

**Project close-out related activities**

The following activities have been conducted to ensure a smooth project close out:

- An information Management System (IMS) has been established in the country and regional project offices as part of knowledge management to maintain information using hard and soft copies.
- A project materials disposition plan was prepared and approval received from USAID for assets over $5,000.00. Based on this approval, the disposition plan will be implemented during the two months no-cost extension period. Vehicles and equipment will be distributed to FMOH and the RHB.
- Guidelines have been prepared to dispose obsolete and confidential materials and based on this guide, project materials have been disposed of.

- A detailed close out plan has been developed that is being monitored by the CPMTCT project team to ensure that all activities and operations are completed by November 28, 2014.

**OBJECTIVE 1:** **To build the capacity of regional health bureaus, zonal and woreda health offices & community-based organizations to support and manage community- based PMTCT services**

## Support for Public Health Sector and CSO MNCH/PMTCT Policy, Materials and Management Capacity

### National Level Support:

- The project continued to support the FMOH through a full-time seconded consultant, serving as the MNCH/PMTCT advisor, for the first three quarters (October 2013 to June 30/2014). Technical support given through the consultant to FMOH included the following; supporting the completion of a generic PMTCT training package (especially the M & E module); finalizing the E-MTCT strategic plan and facilitating its launch; finalizing the MSG transition concept note; participating in the preparation of the national transition plan of HIV/AIDS services; providing technical support during the Africa Regional dissemination workshop of the WHO 2013 HIV care and treatment guideline, (this included the adaptation of the guideline to the national context); preparation on the follow-up of national Early Infant Diagnosis (EID) technology change initiative; participating in the preparation of a hot spot strategy concept note for preparation of highly effective intervention package of E-MTCT, and participating in the development of Health Sector Development Plan (HSDP) V.

- Technical support was also provided to the FMOH by project staff participating in the following technical working groups: safe mother hood, PMTCT, newborn and child, MSG, nutrition, FP and quality improvement. Staff supported the FMOH in developing a national plan for BEmONC training and participated in the launch of the national strategic plan for the elimination of mother to child transition of HIV.

- To build capacity of CSOs in Tigray, Addis Ababa, Oromia and SNNPR, project staff trained managers, project officers, M&E officers and coordinators in proposal writing.

- The project procured 68,000 mama kits; 31% and 69% were distributed to CPMTCT project and other partners supported health centers respectively. The CPMTCT project reached 72% (N=29,500) of its coverage target as the distribution figures were determined by USAID.

- Project staff provided technical assistance to the FMOH to build capacity in nutrition in the context of HIV/AIDS. The project produced job aids such as posters, brochures, counseling cards and videos on IYCF practices and distributed them to regional offices during the reporting period.

- As a result of the adoption of option B+, the project revised the HIV + PW and HEI tracking wall charts to reflect Option B+ indicators and distributed copies to all project supported health centers. The revised tracking chart provided follow-up of cohort HIV+ PW in the health centers.

**Regional Level Support:**

As stated above, a series of consultative meetings were held with the five RHB as part of the project's transition plan. Below are areas of ongoing support that the RHBs identified during the meetings;

- Twenty seven health care providers received training in IYCF, option B+ update and PMTCT/MNCH/RH. Respectful maternity care training was integrated into all the above trainings
- BEmONC training was given for 35 health care providers selected from 31 Health Centers who having training related gaps and BEmONC mentoring training was given to the 12 best performing health care providers from BEmONC sites.
- All RHBs appreciated the CPMTCT project's support and contribution to strengthen the national and regional PMTCT interventions.
- Some regions are still in the process of primary level care expansion and require support as MNCH and PMTCT services are rolled out.
- Health center level staff attrition and limited number of health management staff threaten the sustainability of project activities

During the reporting period, the project provided MNCH/PMTCT technical and financial support in the five project regions, which included working with the RHB and PFSA to ensure the availability RTK, ARV prophylaxis laboratory reagents, IP materials, OI drugs, CD4 and DBS related supplies.

**Tigray**

- The RO staff continued participating in various meetings at regional, Woreda and PHCU levels and sharing experiences for advocating for the availability of MNCH/PMTCT logistics and supplies as a key component to maintaining the quality of MNCH/PMTCT service delivery.
- Tigray office project staffs continued to actively support the regional health bureau in various technical working groups such as RH/MNH, HIV/TB/STI, HMI/M&E, Systems Strengthening and pharmaceutical working groups. The regional manager served as the secretary to the partners' forum consultative committee.
- Regional staff participated in the regional level integrated supportive supervision in October 2013 and May 2014, which was led by the head of the Tigray RHB and was composed of 12 NGOs in the region.
- The regional project staff participated in the WAD 2013 commemoration held at Axum town, Tigray.

- Proposal writing skills training was given to the CBOs, RHB and RO staff by the CPMTCT Project in collaboration with the Tigray RHB.
- Closeout and dissemination meetings were conducted in September 2014, where the leadership of the Tigray RHB, top management of IntraHealth International Inc., Ethiopia & all RO staff, and representatives from Mekelle Zonal Health Office and Save Generation Association of Tigray have participated and expressed their deep gratitude for the CPMTCT Project's efforts during the last five years. The expectation of the Tigray RHB and all participants towards working together in the future was also very high.
- As a result of the concerted efforts made by the IntraHealth-led CPMTCT Project, different recognitions and awards were given to IntraHealth, including from Enderta WrHO and Tigray RHB.

**Amhara**

- During the reporting period, the project in this region provided the following trainings: infant and young child feeding for 25 health care providers, option B+ update for 49 health care providers, basic PMTCT training for 179 health care providers, basic MSG and adherence support for 25 mentor mothers and site coordinators and BEmONC training for 63 health care providers working in delivery case team, BEmONC mentoring for 20 selected health care providers, CQI & Option B+ update training for 142 zone & woreda health office MNCH officers & HC heads. Respectful maternity care training was integrated into all the above trainings and meetings, and a total of 1,800 people attended.
- DCCM bi-annual review meetings were conducted in 3 woredas and sensitization workshops in one HC catchment area.
- The project provided technical and financial support to the health festival organized by the RHB. At this event, the CPMTCT project's great contribution was recognized for its accomplishments with a certificate awarded by the regional president.
- The project staff provided technical support for WAD celebrations by joining the organizing committee.
- The project staff have attended and provided technical support in various meetings organized by RHB and these include; woreda based planning, semi and annual review meetings organized by RHB and zonal catchment review meeting.
- The project organized zonal catchment review meetings in Dessie and Gonder and a total of 269 who came from RHB, ZHD, WrHO and HCs attended the review meeting. The main objectives of the review meeting were to review the PMTCT performance, share best practices and lessons, and identify the bottle necks and to prepare an action plan to tackle the identified bottle necks. The developed action plan was shared with the relevant individuals, partners and stakeholders for implementation and follow-up. Respectful maternity care was presented during the meeting.

**Addis Ababa**

The project organized an annual regional MNCH/PMTCT performance review meeting in collaboration with the regional health bureau. During this meeting the CPMTCT project's performance, lessons learned and challenges were presented and discussed. Thereafter an action plan was developed to address the identified gaps like no continuous follow up by PFSA to supply ARV prophylaxis; result in absence of ARV drugs in some HFs, shortage of OI Drugs, trained man power turnover and shortage of test kits. Those gaps are shared with the relevant individuals, partners and stakeholders to take action.

- Several meetings on transition and sustainability were held with AA RHB, sub-city, and woreda and HC directors.
- The project completed the following trainings: continuous quality improvement CQI, gap filling PMTCT/MNCH/RH, BEmONC and BEmONC mentoring and DBS/CD4 sample collection and transportation.
- The project collaborated with PHSP to pilot communication for improving PMTCT outcomes (CIPO) in project supported health centers. After conducting site assessments to start the CIPO piloting, PHSP provided training for 28 health care providers selected from 14HCS. Twelve of these health centers are currently fully functional while two couldn't progress due to network connection difficulties. The final assessment of the pilot has been started by collecting data and the analysis is currently being done.

- The project staff has actively participated and provided technical assistance in monthly MNCH/PMTCT regional TWG meetings and also participated in PMTCT Elimination workshop organized by the RHB.
- Proposal writing skill training was provided to 18 participants from Mekdim Ethiopia, Negem Lela Ken New & ANOPA+ 3 CSO in collaboration with Pathfinder at Adama.
- 32 CSOs' community volunteers received BC/CM training and 26 CSOs' community volunteers received small group facilitation skill training, an orientation on Option B+, male engagement and IYCF & FP. Respectful maternity care training was cascaded in conjunction with all the above trainings.
- The project staffs provided technical support for CQI, basic and refresher MSG trainings which were organized by RHB and a total of 37 health professionals and 127 mentor mothers & site coordinators were trained.
- A one day sensitization workshop on respectful maternity care was organized in different sub-cities and a total of 465 participants (Health workers from project supported health centers, Urban health extension workers, health developmental armies, woreda & sub city health officials) attended the workshop.

Six Sony recorders and CD players were distributed to six Facility MSG sites (Hiwot Amba, Gotera Masalecha, Feresemeda, Semit, Kolfe woreda 11 & Entoto No.2 health centers) to facilitate and strengthen their MSG program.

**Oromiya**

- Joint United States Government (USG)-United Nations Health 4(UNH4) and Elimination Inter Agency Task Team (EIATT)-MNCH visits were conducted at three health centers in

West Arsi zone Siraro woreda and one health center in West Shoa zone supported by the CPMTCT project. The purpose of the site visit was to assess how USG and UNH4+ are supporting MNCH services in order to work out appropriate and cost-effective modalities for providing support to GoE through the USG-UNH4 collaboration.

- USAID team visited 5 HCs-Goro, Seka, Jimma Higher 2, Mendera Kotchi and Keta. The feedback from the team was very encouraging at all sites and the following key performances were the one appreciated during the team visit:-
    - 24/7 service provision at Goro HC was impressive as few HCs are open 24/7
    - 100+/% of delivery service of Seka HC were selected as a model. Seka HC reached 100% of their target for delivery services, this is unlikely to happen in other HFs and the zonal health bureau took this HC as a model & others came for experience sharing.
    - The quality and availability of ARV prophylaxis, DBS test and MSG activities was appreciated.

- During the reporting period, the following trainings were provided: basic MSG adherence for mentor mothers, Option B+ update Infant and Young child feeding. The purpose of the site visit was to assess how USG and UNH4+ are supporting MNCH services in order to work out appropriate and cost-effective modalities for providing support to GoE through the USG-UNH4 collaboration, and Basic Comprehensive MNCH/PMTCT-FP
- The project staffs provided CQI training, a total of 135 supervisors were trained. During this training. BEmONC mentoring and respectful maternity care training was integrated into in the training.
- The project supported community level events organized by the Zonal Health office in Oromia region and Fana Broadcasting Corporation to sensitize the community on the benefits of MNCH/PMTCT services. The event focused on identifying and addressing barriers that hinder women from delivering at facilities.

- The project organized zonal catchment review meetings in different clusters-at Ambo, Dire Dawa and Shashemene and a total of 90 health providers and management bodies who came from RHB, ZHD, WrHO and HCs attended the review meeting. The main objectives of the review meeting were to review the PMTCT performance, share best practices and lessons, and identify the bottle necks and to sort out actions to tackle the identified bottle necks. The developed action plan was shared with the relevant individuals, partners and stakeholders for implementation and follow-up. Respectful maternity care and option B+ updates were presented during each meeting.
- The project staff provided technical support for WAD celebrations by joining the organizing committee.
- The project staff attended the regional MNCH TWG and provided technical support.
- A closeout and dissemination meeting was conducted, where the leadership of Oromia RHB, top management of IntraHealth International Inc., Ethiopia & all RO staff, and

representatives from Zonal and woreda Health offices participated and expressed their deep gratitude for IntraHealth's CPMTCT Project's efforts over the past five years.

**SNNP**

- The regional project team has continued to actively participate in service delivery, quality improvement, community mobilization and demand creation TWGS and RH Forum meetings.
- CPMTCT staff drafted a TOR for the service delivery and quality improvement TWG and shared it with the RHB and other members for endorsement.
- During the reporting period, basic MNCH/PMTCT, IYCF and Option B+ updates, BEmONC training and BEmONC mentoring trainings were provided.
- The project staffs attended and provided technical support in various meetings organized by RHB, which includes woreda based planning, semi and annual review meetings organized by RHB and zonal catchment review meeting organized by different project supported zones.
- The project staff provided technical support for option B+ update training which was organized by RHB at Gamo gofa zone and a total of 41 health care providers were trained.
- The project provided a vehicle support to the RHB, for five days during the regional level integrated supportive supervision.
- Sensitization workshops were done in 16 DCCM sites as part of the new PMTCT /Option B+ roll out plan.
- Biannual review meetings were conducted in 10 woredas that had two or more CPMTCT supported facilities.
- Respectful maternity care training was integrated into all the above trainings and review meetings.
- The project organized zonal catchment review meetings in different clusters-at Hosanna, Wolayta, Yirgalem and Jima (for Gurale, Kefa, Bench maji and Bonga zones). The main objectives of the review meetings were to review the PMTCT performance, share best practices and lessons, and identify the bottle necks and to sort out actions to tackle the identified bottle necks. This meeting was also an opportunity to advocate for women-friendly maternity care that is free of disrespect and abuse. A total of 206 participants who came from RHB, ZHD, WrHO and HCs attended the review meeting. Finally, the participants developed an action plan that addressed the identified gaps, which was distributed to all participants. Different woreda health offices and zonal health departments awarded certificate of recognition to IntraHealth during this meeting.
- As part of project monitoring, USAID team has made a visit to Secha, Lencha and Hole health centers. The feedback from the team was very encouraging at all sites.
- Closeout and dissemination meeting was conducted, where the leadership of SNNP RHB, top management of IntraHealth International Inc., Ethiopia & all RO staff, and representatives from Zonal and woreda Health offices have participated and expressed

their deep gratitude for IntraHealth - CPMTCT Project efforts during the last five years period.

As a result of conducting and participating in various meetings and TWGs, most of the logistic challenges such as stock outs in lab reagents, ART drugs and RTKs have been resolved. Similarly, other programmatic related challenges identified during SS and review meetings like on and off type of internal supportive supervision and PHCU meetings done by woreda and zonal health offices were discussed and partners have taken these points into account for further action and resolution.

**Materials and Supplies**

- The project staff continued to meet with RHB, ZHD, WrHO and HCs to try and resolve the gaps in materials and supplies needed to provide quality MNCH/PMTCT services.

- The project's regional staff provided technical support to health care providers and health center heads to secure MNCH/PMTCT related pharmaceuticals and required medical supplies through the centers' health care financing system and on the day-to-day use of the Integrated Pharmaceuticals and Logistic System (IPLS).

- The project procured 68,000 mama kits and distributed them to implementing partners, out of whom 21,130 (31%) were distributed to IntraHealth supported sites. HIV+ PW & HEI tracking wall charts and IYCF job aids and IEC materials were distributed to 519 health centers in Amharic, Tigrigna and Oromifa. Need based distribution of (FANC posters, Birth Preparedness Card (BPC) cards, wall charts, danger sign posters, referral cards, partners' invitation cards, and appointment cards) to 519 health facilities in all regions.

**Table 2: Performance for Key Indicators (Objective 1)**

| PMP Ref. No. | Performance indicator | | Q1 | Q2 | Q3 | Q4 | Total to date (FY2014) | Annual Target & (proportion achieved to date) |
|---|---|---|---|---|---|---|---|---|
| 1.1 – 1 | # of CBOs provided with technical assistance for CPMTCT program management | | 14 | 14 | 0 | 0 | 14 | 14 (100%) |
| 1.1 – 2 | # of RHBs & woredas provided with TA for CPMTCT mgt. | RHB | 5 | 5 | 5 | 5 | 5 | 5 (100%) |
| | | Woredas | 244 | 244 | 244 | 244 | 244 | 244 (100%) |
| 1.2 – 4 (H2.3.D) | # of health providers/ supervisors who successfully completed basic or refresher training in integrated MNCH/PMTCT | | 188 | 268 | 246 | 227 | 929 | 435 (213%) |
| 1.2 – 5 (H2.3.D) | # of midwives who received training on BEmONC | | 0 | 63 | 98 | 163 | 324 | 480 (68%) |
| 1.3 – 3 | # of HCs included in the Pharmaceutical Fund Supply Agency (PFSA) procurement and distribution list | | 519 | 519 | 519 | 519 | 519 | 519 (100%) |

**OBJECTIVE 2: Increase access to MNCH/PMTCT services by providing facility and community services and improving bi-directional linkage/ referrals between PMTCT/MNCH services at the facility and community level.**

**MNCH/PMTCT RESULTS**

During the reporting period, the project supported 519 HCs to continue the provision of integrated MNCH/PMTCT services to eligible women, infants, and men in their catchment areas. Increased demand for and provision of quality PMTCT services in health centers was achieved through: strengthening PHCU meetings, supportive supervision, provision of job aids, gap filling trainings, mother-to-mother support groups (MSG), basic emergency obstetrics and newborn care (BEmONC), case follow up, and community mobilization.

- **Focused antenatal care:** The project has reached 95% (N=405,480) of its annual new ANC target; 405,480 pregnant women received focused antenatal care services in project supported health centers and or health post attached to these health centers.
- **Pregnant women with known status:** 342,244 women were tested for HIV at project supported health centers, 86% (N=294,214) at health centers; 8.7% (N=29,700) during outreach to health posts; 5% (N=17,230) by HEWs at health posts through task shifting; and the remaining 0.3% (N=1,100) by UHEPs. The percentage shows the project's continued progress in contributing to health center service statistics compared to other service outlets. The regional distribution is as follows: Addis Ababa accounts for 6% (N=20,949), Amhara 23% (N=80,426), Oromiya 31% (N=106,001), SNNP 17% (N=58,956) and Tigray 22% (N=75,882). The CPMTCT project has reached 84% of its annual target for FY2014.
- **HIV+ pregnant women identified:** of the 342,244 pregnant women who know their status, 0.60 %( N=2,055) pregnant women were identified as HIV-positive. From the HIV+ pregnant women identified, 62% (N=1,271) were newly identified during ANC (N=1,147), L&D (N=116), PNC (N=8) visits, while and 38% (N=784) were HIV-positive at entry. From the 2,055 HIV-positive pregnant women identified, 6% (N=118) of them were transferred to other facilities and 3% (N=61) of HIV-positive pregnant women identified in non-CPMTCT supported HCs were transferred in to CPMTCT supported HCs.

  The HIV positivity rate varied among regions, ranging as high as 2.3% in Addis Ababa and as low as 0.30% in SNNP and Oromia. Amhara's rate was 0.9% and Tigray was 0.4%. Because of the declining trend in HIV positivity rate and scattered distribution of the HIV+ rate, the CPMTCT project figures for FY2014 was at 62% of its annual target set based on a rate of 0.80%.

- **Clinical Care &integration of services:** All HIV+ pregnant women identified were assessed for ART eligibility either through clinical staging or CD4 count, screened for TB, and counseled for family planning.
- **Antiretroviral Provision**: 91% (N=1,784) of HIV-positive pregnant women identified and underfollow up received ARV prophylaxis at project supported health centers to reduce risk of mother-to-child-transmission. Of the 1,784 women, 32% (N=566) were on HAART, 66% (N=1,182) newly initiated on life-long ART, and Already on treatment, and 2% (N=36) received maternal AZT to reduce the risk of MTCT.
- **Skilled deliveries:** 158,554 deliveries were attended by skilled birth attendants at project supported health centers, which marks 185% of the annual target. In addition, among those identified positive, 60% (N=1,168) delivered with the assistance of a skilled birth attendant.
- **Partner testing:** The project was able to reach 102% (N=147,401) of its annual target in male partners testing. Forty three percent of pregnant women with known HIV status were counseled and tested in this reporting period.
- **HEI care:** 1,133 babies born to HIV+ mothers received ARV prophylaxis, and 981 HEIs received CTX. Moreover, 889 HEIs received an HIV test within 12 months of birth where 65% (N=5779) were tested virologically in the first two months and 35% (N=312) were tested between 9 and 12 months either virologically and/or serology testing.

**Table 4: Performance for Key MNCH/PMTCT indicators (Objective 2)**

| PMP Ref. No. | Performance indicator | Q1 | Q2 | Q3 | Q4 | Total to date (FY2014) | Annual Target & (% achieved to date) |
|---|---|---|---|---|---|---|---|
| 2.0 – 1 (P1.1.D) | # of pregnant women with known HIV status (includes women who were tested for HIV and received their results) | 85,079 | 91,158 | 83,141 | 82,866 | 342,244 | 407,139 (84%) |
| 2.0 – 2 (P1.1.D) | # of HIV+ pregnant women identified in the reporting period | 551 | 571 | 489 | 444 | 2,055 | 3,301 (62%) |
| 2.0 – 3 (P1.2.D) | # of HIV+ pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission at CPMTCT supported sites | 475 | 487 | 437 | 385 | 1,784 | 2,641 (68%) |

| PMP Ref. No. | Performance indicator | | Q1 | Q2 | Q3 | Q4 | Total to date (FY2014) | Annual Target & (% achieved to date) |
|---|---|---|---|---|---|---|---|---|
| 2.0 – 4 | # of newborns born to HIV+ mothers who received ARV prophylaxis at CPMTCT supported sites. | | 278 | 289 | 285 | 281 | 1,133 | 2,146 (53%) |
| 2.0 – 5 C4.2.D) | # of HIV exposed infants who started Cotrimoxizole (CTX) prophylaxis | | 264 | 206 | 243 | 268 | 981 | 1,651 (59%) |
| 2.0 – 6 (C4.1.D) | # of children born to HIV positive mothers and are tested for HIV within 12 months of birth | | 238 | 165 | 224 | 262 | 889 | 1,651 (54%) |
| 2.0 – 7 | # of new ANC clients | | 102,566 | 108,556 | 99,089 | 95,269 | 405,480 | 428,569 (95%) |
| 2.0 - 8 | # of deliveries by skilled birth attendant | | 32,032 | 39,587 | 43,821 | 43,114 | 158,554 | 85,714 (185%) |
| 2.0 – 9 | # of deliveries for HIV+ women by skilled birth attendant | | 274 | 313 | 314 | 294 | 1,168 | 2,146 (54%) |
| 2.0 – 10 (P1.4.D) | # of HIV+ pregnant women assessed through either clinical staging (using WHO clinical staging criteria) or CD4 testing | | 551 | 571 | 489 | 444 | 2,055 | 3,301 (62%) |
| 2.0 – 11 (P1.5.D) | # HIV+ pregnant women newly enrolled in care and support services | | 571 | 580 | 497 | | 1,648 | 3,301 (50%) |
| 2.0 – 12 (P1.6.D) | % of infants by feeding type | # Exclusive breast feeding | 100 | 100 | 100 | 100 | 100% | 90% (110%) |
| | | # Exclusive formula feeding | 0 | 0 | 0 | 0 | 0 | 10% (0%) |
| | | # Mixed feeding | 0 | 0 | 0 | 0 | 0 | 0% |

| PMP Ref. No. | Performance indicator | Q1 | Q2 | Q3 | Q4 | Total to date (FY2014) | Annual Target & (% achieved to date) |
|---|---|---|---|---|---|---|---|
| 2.0 – 13 (C 2.4.D) | # of HIV+ pregnant women who were screened for TB | 551 | 571 | 489 | 444 | 2,055 | 3,301 (62%) |
| 2.0- 14 (C 2.2.D) | # of HIV+ pregnant women started receiving Cotrimoxazole (CTX) prophylaxis | 99 | 113 | 67 | 30 | 309 | 660 (47%) |
| 2.1 – 1 (P1.3.D) | # of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site | 519 | 519 | 519 | 519 | 519 | 519 (100%) |
| 2.1 - 3 (H2.3.D) | # of health care workers successfully completed an in-service training program | 255 | 331 | 388 | 525 | 1,499 | 1,326 (113%) |
| 2.2 – 2 | # of MSG site coordinators who received MSG training | 35 | 0 | 0 | 29 | 64 | 68 (94%) |
| 2.2 – 3 | # of MSGs supported | 109 | 107 | 107 | 107 | 109 | 149 (73%) |
| 2.2-4 | # of MSG members | 2,135 | 2,361 | 2,444 | 2,031 | 2,444 | 3,500 (70%) |
| 2.3- 1 | # of woreda with service mapping completed of referral sites in the community (social service, psychosocial service, food supplementation, etc.) | 0 | 0 | 0 | | 0 | 141 (0%) |
| 2.5 - 2 | # of HIV+ mothers who were counseled on family planning | 551 | 571 | 489 | 444 | 2,055 | 3,301 (62%) |

**Comparative Analysis [FY2011, FY2012, FY2013 and FY2014 MNCH/PMTCT Service Data]**
Over the life of the project, the number of CPMTCT supported HCs has gradually increased from 48 in FY2010 to 207 in FY2011 and 519 in FY2012 and FY2013. In order to measure progress over the past four years, 126 health centers, which were fully operational and had complete data for FY2011, FY2012, FY2013, and FY2014 were selected for this comparative analysis. These health centers cover all five regions where the project is operating: Addis Ababa (2), Amhara (28), Oromiya (32), SNNP (25) and Tigray (39).

The changes in performances at these project supported health centers were analyzed using key MNCH/PMTCT performance indicators: ANC coverage, L&D coverage, ARV uptake for HIV-positive pregnant women, HEIs CTX uptake, percentage of HEIs and male partners tested.

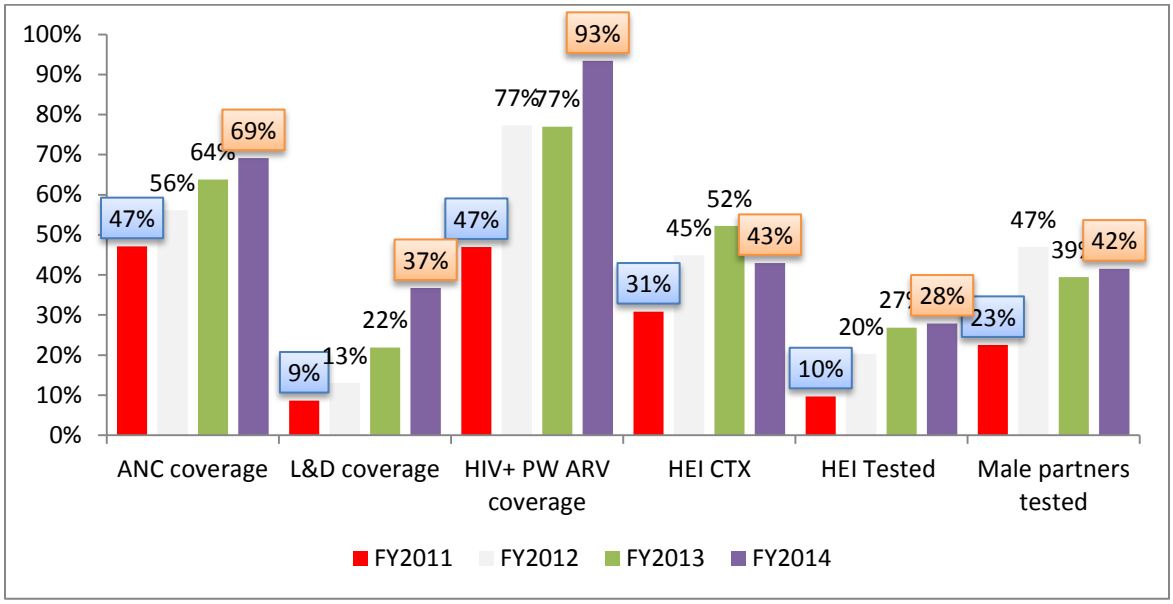

Figure 1: Performance of key MNCH/PMTCT Indicators [FY2011, FY2012, FY2013 and FY2014 (N=126)]

As depicted in figure 1 above, ANC coverage increased from 47% (N=57,157) in FY2011 to 56% (N= 69,591), in FY2012, 64% (N=77,310) in FY2013, and 69% (N=83,796) in FY2014. Institutional delivery increased from 9% (N= 10,472) in FY2011 to 13% (N= 16,121) in FY2012, 22% (N=26,526) in FY2013,and 47% (N=44,514) in FY2014.To increase demand for institutional delivery, the project equipped health centers with newborn corner supplies, provided BEmONC training and mentoring health care providers working in L&D unit to manage obstructed labor/other complications, and also continued distribution of mamma kits to 401HCs as incentive for pregnant women to deliver in a health facility. In addition, the government's implementation in the use of Health Development Army (HDA) has also contributed to this increase in SKA.

ARV uptake by HIV-positive pregnant women increased from 47% (N=326), in FY2011 to 77% in FY2012 (N=601), FY2013 (N=722), and FY2014, 93 % (N=691). Similarly, the percentage of HEI tested for HIV increased from 10% (N= 102) in FY2011 to 20% (N= 208) in FY2012, 27% (N=194) in FY2013, and 28% (N=206) in FY2014. These figures show a significant

improvement across key MNCH/PMTCT indicators that reflect improvement in quality of services over time.

**Tracking of HIV+ women on ARV**

The following two figures below, figure 2 and figure 3, show the number of HIV-positive women and HEIs tracked by the CPMTCT project in FY2014.

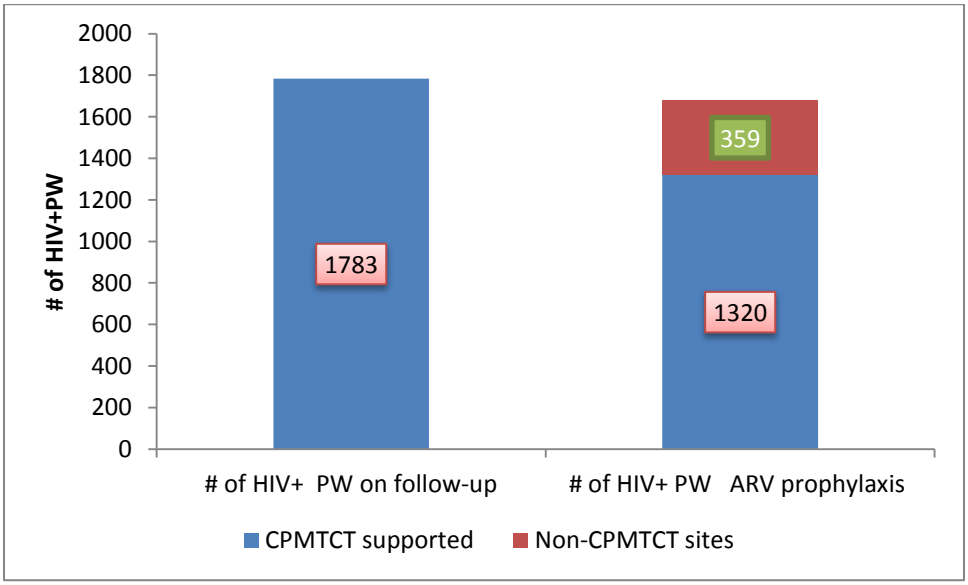


Figure 2. ARV/HAART uptake of HIV-positive women tracked during follow-up

As shown in figure 2 above, of the 1,783 HIV-positive pregnant women on follow-up during the reporting period, 94% (N=1,679) received ARV prophylaxis for PMTCT; 79% (N=1,320) obtained this service at CPMTCT supported HCs and the remaining 21% (N=359) in non-CPMTCT supported health facilities (Health centers and Hospitals).

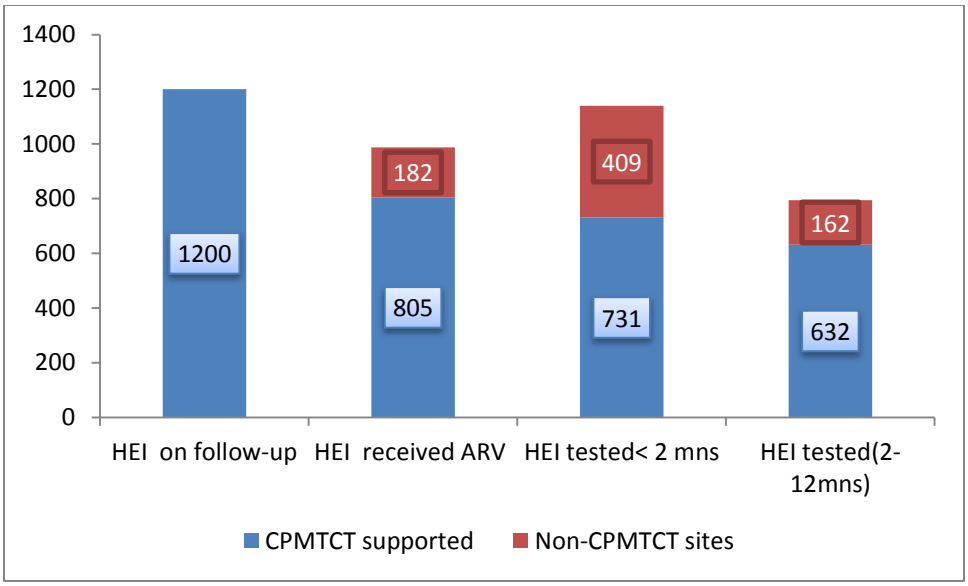


Figure 3. ARV uptake and HIV testing of HEIs traced in follow-up

As depicted in figure 3 above, out of the 1,200 infants born to HIV-positive mothers under follow-up by project support, 82% (N=987) received ARV prophylaxis, 95% (N=1,400) were tested for HIV within two months and 66% (N=794) were tested either virologically between 2 and 12 months, or by serology between 9 and 12 months at CPMTCT supported or non-CPMTCT supported health facilities

**Mother Support Groups**

- The CPMTCT project supported 123 health center- based MSGs during the fiscal year; two of these sites are Community-MSG (CMSG) sites in SNNP and one is in Tigray regions. Twenty-two CMSG sites were gradually closed down from October to December 2013 in AA region. Handover of facility based MSGs to the RHB was started earlier; AA region in June and Amhara region in July 2014. The RHB then started to support MSG activities directly.
- A total of 1,392 member mothers were enrolled in MSGs during the reporting period of which 731 HIV positive pregnant women and lactating mothers enrolled to the program. A total of 2,444 HIV positive women enrolled in MSG during the year.
- Basic MSG and ART adherence support training was given to 131 MSG key personnel; 80 mentor mothers and 51 site coordinators were trained from AA (64), Oromia (42) and Amhara (25) regions. Refresher training was also given by RHB to 22 site coordinators and 41 mentor mothers in AA region. Also in Tigray region, sensitization workshop was given to 77 Mentor Mothers in collaboration with the RHB that helped for smooth transition and handover of all MSG to the RHB.

  MSG review meetings were conducted with all mentor mothers and site coordinators in collaboration with RHBs. The meetings focused on overall MSG activities, income

generating activities (IGA), transition and close out plans of MSGs. Each meeting resulted in an action plan.

- Almost all (N=690) HEIs took OI prophylaxis and dry blood samples (DBS) were taken for infants. 96% received HIV negative test results.

- A number of MSG members have been linked and enrolled in to different IGAs. Especially in SNNPR where four MSG members in Hosanna CMSG have been trained on IGA skills by Tesfa Women PLWHA. Several MSG members in Dilla HC have received small loans from local microfinance and started petty trading. Two MSG members in Geneme HC 'Mahberawi Tena' have been trained on hair dressing by a local CSO called 'Hidota Association'.

- In AA region, 200 MSG member mothers graduated from 22 facility based MSG sites that completed 52 educational sessions and their infants received confirmatory test results.
- Joint supportive supervision was conducted at facility based MSG sites on a quarterly basis for 85% of MSG sites.
- Monthly stipends for mentor mothers and coffee ceremony expenses were paid for all facility based MSG sites in all of the project regions.

- MSG furniture and coffee ceremony materials were distributed to 16 new facility based MSG sites; 6 in AA and 10 in Oromia. Also Sony recorder/ CD players were distributed to six FMSG sites at Hiwot Amba, Gotera Masalecha, Feresemeda, Summit, Kolfe woreda 11 and Entoto No.2 health centers to strengthen the program.

- So far, 476 infants have been tested for DBS and 315 infants had received confirmatory HIV testing and 9 turned out HIV Sero-Positive.

**Table 5: Performance for key MSG indicators (Objective 2)**

| **Selected MSG Indicators** | | **Q1** | **Q2** | **Q3** | **Q4** | **Total to Date (FY2014)** | **FY2014 target** | **% achieved** |
|---|---|---|---|---|---|---|---|---|
| # MSG sites | | 109 | **107** | **107** | **107** | 109 | 149 | 73% |
| # current MSG members | | 2,135 | 2,361 | 2,444 | 2,031 | 2,444 | 3,500 | 70% |
| # newly enrolled in MSG | HIV+ pregnant women | 257 | 234 | 240 | 189 | 731 | 1,014 | 91% |
| | HIV+ non-pregnant women | 219 | 50 | 57 | 146 | 326 | 382 | 85% |
| | **Total** | **476** | **284** | **297** | **335** | **1,392** | **1,396** | **76%** |
| # newly enrolled MSG members on pre-ART or ART | Pre-ART | 22 | 18 | 9 | 13 | 62 | 370 | 17% |
| | ART | 393 | 261 | 271 | 221 | 1146 | 691 | 166% |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| # MSG members who delivered | At HC/hospital | 219 | 155 | 150 | 160 | 684 | 639 | 107% |
| | At home | 7 | 6 | 3 | 5 | 21 | 24 | 88% |
| | **Total** | **226** | **161** | **153** | **165** | **705** | **663** | 81% |
| # (%) MSG members who delivered and received antiretroviral (ART or ARV prophylaxis | sdNVP/combined | 10 | 3 | 7 | 2 | 22 | 202 | 11% |
| | on ART | 215 | 158 | 147 | 155 | 675 | 461 | **146%** |
| | **Total** | **225** | **161** | **154** | **157** | **697** | **663** | **105%** |
| | **%** | **100%** | **100%** | **100%** | **96%** | **99%** | **100%** | 99% |
| # (%) infants born to MSG members who received ARV prophylaxis | | 220 | 161 | 149 | 160 | 690 | 663 | 104% |
| | | **97%** | **100%** | **97%** | **97%** | **98%** | **100%** | **98%** |
| % MSG mothers with babies < 6 months practicing exclusive breast feeding | | 100% | 99% | 99% | 98% | 100% | 100% | 100% |
| % infants of MSG members 45 days to 2 months who started Cotrimoxazole | | 97% | 100% | 99% | 100% | 98% | 100% | 98% |
| # MSG members disclosed status to partners | | 255 | 137 | 137 | 108 | 637 | 462 | 138% |
| # infants born to MSG mothers who received DBS testing (within 6 months of age) | Positive | 1 | 2 | 1 | 1 | 5 | 7 | 71% |
| | Negative | 104 | 135 | 134 | 98 | 471 | 425 | 111% |
| | **Total** | **105** | **137** | **135** | **99** | **476** | **431** | **87%** |
| # infants born to MSG mothers who received confirmatory HIV testing (within 9 to 18 months) | Positive | 2 | 0 | 1 | 2 | 5 | 9 | 56% |
| | Negative | 50 | 93 | 80 | 87 | 310 | 359 | 86% |
| | **Total** | **52** | **93** | **81** | **89** | **315** | **368** | **61%** |

**Primary Health Care Unit (PHCU)**

During the year, the project supported and coordinated over 2,984 primary health care unit meetings during which discussions between health centers and health posts on linkages and

referrals took place. The regional project staff has been coaching health center heads and service providers on planning, organizing and facilitating effective PHCU meetings using the PHCU meeting guide which the FMOH developed. At these PHCU meetings, health center staff discusses the performance of health posts in terms of linkages from community to facility. Trends in service uptake, particularly in ANC, institutional delivery, male partner testing and postnatal follow-up are reviewed. More recently, project staff has been able to incorporate respectful maternity care as a discussion point in PHCU meetings.

**Objective 3: To increase demand for MNCH/PMTCT services through community mobilization/demand creation**

The regional demand creation and community mobilization coordinators worked in the first two quarters of the year but then reduced technical assistance to the RHBs as per the project's close out plan. As such, intensive demand creation and community mobilization activities were implemented in the first two quarters (October 2013 to March 2014), which focused on option B+ sites to increase use of MNCH/PMTCT services, strengthen case follow up and to support adherence to treatment among HIV+ pregnant women and their families. Since then the program officers undertook activities related to DCCM such as IEC/BCC and job aid materials distribution.

During this reporting period, the following activities were conducted in an effort to increase service uptake and to create a favorable environment for pregnant women and their partners to seek services:

- Woreda based biannual review and planning meetings were conducted to review progress, facilitate discussions on identified performance gaps and share lessons among HEWs from the different PHCUs, HCs and Woreda offices.
- Regular JSS/FSS were given to DCCM sites to mentor, support and capacitate HEWs and HC staff on community mobilization, documentation, and reporting and referral systems. Moreover, IEC/BCC materials, report formats and referral cards were distributed for DCCM sites.
- The project facilitated and supported PHCU meetings to strengthen discussions on community to facility linkages and ways to address gaps in service uptake. Orientation and discussion on women friendly care was conducted in all PHCU meetings.
- IEC materials such as Infant feeding practice, importance of institutional delivery and, partner referral linkage are produced and adopted by the project were distributed to the community through HEWs to increase awareness of the community on availability and benefits of MNCH/PMTCT services, including the role of men and male engagement. The

project overpassed its annual target by distributing 20,800 IEC/BCC materials (115% of annual target).

- Sensitization workshops were conducted on option B+ sites to orient HEWs and selected community members on option B+ concepts and the need to strengthen adherence.
- BC/CM training was provided for 32 CSOs' community volunteers as gap filling to strengthen DCCM activities in Addis Ababa.
- Small Group Discussion facilitation skill training was given for volunteers who facilitate SGDs on MNCH/MTCT among HIV+ people and the community in Addis Ababa. The training focused on equipping trainees with skills and knowledge of SGD facilitation.
- The project supported a community event in Arsi zone of Oromia region, to identify and address barriers to SBA and partner involvement. This was done in coordination with zonal, regional, woredas level health officials, elders and religious leaders and involved the Fana Broadcasting Corporation (FBC).
- Respectful maternity care training was integrated into all the above trainings
- An orientation workshop on Option B+ implementation and women friendly care was conducted with EOTC-DICAC and EIFDDA volunteers. A total of 223 volunteers participated in the workshop which was facilitated with support from the regional managers and DCCM officers. Women friendly care addressed the gaps identified as gender barriers in implementation of PMTCT.
- Focal persons and project volunteers conducted monthly review meetings in their respective catchment areas and addressed the importance of timely and complete reporting of project activities, best practices and challenges.
- The project reached 115% (N=269,640) of its annual target in reaching individuals and small groups with preventive messages on PMTCT and MNCH.

**Table 6: Performance for Key DCCM for MNCH/PMTCT Indicators (Objective 3)**

| PMP Ref. No. | Performance indicator | Q1 | Q2 | Q3 | Q4 | Total to date (FY2014) | Annual Targets & proportion achieved to date |
|---|---|---|---|---|---|---|---|
| 3.2 – 1 | # of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required | 100,796 | 81,148 | 74,811 | 101,123 | 357,877 | 269,640 (115%) |
| 3.2 – 3 | # of IEC/BCC materials distributed at community level | 7,296 | 8,503 | 3,893 | 4,294 | 23,986 | 20,800 (115%) |
| 3.2 – 4 | # of referrals from community-based and health post workers acted on by clients attending ANC/PMTCT services | 11,121 | 7,883 | 4,476 | 8,438 | 31,918 | 48,535 (66%) |
| 3.2 – 5 (H2.2. D) | # of community health and para-social workers who successfully completed a pre-service training program | 50 | 58 | 0 | | 108 | 414 (26%) |
| 3.5- 1 (P11.1. D) | # of male partners of pregnant women who were counseled, tested for HIV and received results | 35,714 | 40,410 | 37,674 | 33,867 | 147,401 | 145,633 (102%) |
| 3.6-1 | # of newborn layette kits distributed | 0 | 21,130 | 0 | | 21,130 | 29,500 (72%) |

**OBJECTIVE 4: Improve the quality of community and facility-based MNCH/PMTCT services**

To improve and sustain the quality of MNCH/PMTCT services at all levels, the project has developed quality assurance tools, monitored service delivery (through applying a portion of QOC assessment in selected HCs) and provided capacity building and technical assistance (using supportive supervision, mentoring, review meetings, delivering different types of trainings, and being actively involved in regional level TWGs).

During the reporting period, a total of 1,096 JSS and 743 FSS were conducted to project supported HCs and likewise 295 and 186 FSS conducted to MSG sites and 161 JSS and 165 FSS were conducted DCCM supported sites .

To ensure sustainability of the project, CPMTCT staff continued to emphasize the need for health center staff to strengthen regular internal/self-assessments, to identify gaps and to take appropriate actions to address gaps identified.

During a previous reporting period, a quality of care study was conducted across 84 randomly selected CPMTCT supported health centers to assess whether these health centers meet the requisite standard of care for PMTCT services. The assessment measured the level of satisfaction among MNCH/PMTCT clients receiving MNCH/PMTCT services from CPMTCT-supported health centers; assessed providers' perceptions on whether joint supportive supervision helped or hindered the quality of MNCH/PMTCT care at health centers; and identified gaps to be addressed in order to improve the quality of MNCH/PMTCT services in the project supported health centers. Health centers were evaluated on nine components: infrastructure, services provided to clients, quality assurance, human resources, equipment and supplies, job aids and guidelines, competence, infection prevention and waste disposal, and HMIS. The final report of the study is attached with this report.

**Table 7: Performance for Key Quality Improvement Indicators (Objective 4)**

| PMP Ref. No. | Performance indicator | Q1 | Q2 | Q3 | Q4 | Total to date (FY2014) | Annual Target & (% achieved to date) |
|---|---|---|---|---|---|---|---|
| 4.0 – 1 | % health facilities with acceptable data quality | | 96% | | | 96% | 90% (107%) |
| 4.0 - 2 | Projects' data quality control system implemented in project supported sites | | 2 | | | 2 | 2 (100%) |
| 4.0 - 3 | % of clients satisfied with the service that the health cadres are providing | | 87% | | | 87% | 85% (102%) |
| 4.0 – 4 | % health facilities meeting the requisite standard of care for PMTCT | | 51% | | | 51% | 85% (60%) |
| 4.2 - 1 | # of HC managers and providers trained in PMTCT Performance/Quality Improvement | 32 | 0 | 0 | 75 | 107 | 100 (107%) |
| 4.3 - 1 | # of GOE personnel trained in PI/SS (not HC managers) | 0 | 0 | 44 | 60 | 104 | 60 (173%) |
| 4.3 – 2 | # of service sites receiving joint supportive supervision visits (JSS) regularly | 407 | 310 | 245 | 134 | 407 | 519 (78%) |
| 4.4 – 1 | # of follow-up visits for mentoring MNCH/PMTCT service providers | 211 | 171 | 206 | 155 | 743 | 645 (115%) |
| 4.5 - 2 | # of health facilities with QI tools | 519 | 519 | 519 | 519 | 519 | 519 (100%) |

- CQI training was provided as part of Option B+ update training as per the new FMOH guideline.

## 7. Challenges and Constraints and plans to overcome them during the reporting period

### Challenges and Constraints seen during the quarter for each program area

Although a series of consultative meetings were held with RHB/PFSA/ZHD/WrHO on the recurring challenges, there are still gaps, in declining magnitude, related to the health care delivery system that affect smooth project implementation. Ina addition these challenges and constraints were discussed with respective regional health bureaus during transition meeting. These constraints include:

- Lack of enough staff and technical capacity at RHB to follow the detailed PMTCT/MNCH activities as done previously by the CPMTCT project
- Lack of partner support to the RHB to work towards emtct planned at the end of 2015
- On and off availability of ARV and OI drugs, RTKs, lab reagents, MgSO4, logistics and supplies;
- Absence of a CD4/DBS sample transportation system in most project supported health centers.
- Shortages of laboratory reagents and medical and laboratory equipment, which affects the provision of standard and comprehensive MNCH/PMTCT care.
- Despite ongoing discussions at various levels to resolve the challenges related to the high turnover of trained staff, rapid turnover is the major challenge in the implementation of the integrated MNCH/PMTCT program in the CPMTCT project supported sites in the current reporting period. In some sites service providers have left the facilities immediately after they received the gap filling basic MNCH/PMTCT training by the CPMTCT project.

### Plans to overcome challenges and constraints in each of your program areas

These challenges were discussed in detail during the series of transition meetings. The RHB are fully aware and will work on addressing them through:

- Follow up the implementation of the new Early Infant Diagnosis guidelines to resolve the challenges in DBS/CD4 sample transport and turnaround time. Advocate for the proper utilization of health care financing for procurement of essential drugs and supplies to strengthen MNCH/PMTCT services through JSS and various review meetings.

- In an attempt to address the high turnover of trained health workers, RHB to work closely with woreda health officers and HC managers to ensure that at least 4 staff members per health center are trained in MNCH/PMTCT.

- Hold discussion with WrHO on the importance of biannual review meetings.

- Hiring more RHB staff in HIV prevention, care and treatment

The RHB have received HIV prevention, care and treatment funding from CDC and plan to follow up implementation of PMTCT activities.

## 8. Data Quality issues during the reporting period

- There is no data quality problem to report on for this reporting period. Data quality checks are an integral component of all JSS, FSS and mentorship-related facility visits by CPMTCT program officers and other regional field staff. Accordingly, the project staff routinely assesses the quality of program data during their facility visits and coach facility service providers and other relevant staff based on actual findings.
- **Routine data quality assessment:** Between September 2013 and March 2014, the project conducted a routine data quality assessment in randomly selected project supported sites. . The assessment was based on a recount of records from original data sources such as HMIS registers (ANC, L&D, PNC, HEI, PRE-ART, ART…), tracking and monitoring wall charts, integrated FANC cards, and conducting an interview with project staff and HCPs in MNCH units who were involved in data collection and reporting.

Considering the five regions where the project has been operating to do "Supervision", 95 facilities were selected to participate in this assessment. Timeliness and completeness of data were checked, and accuracy ratio for MNCH/PMTCT service data was calculated using MS-Excel, and qualitative data was examined using a content analysis methodology.

The objective of the assessment was to assess the quality of MNCH/PMTCT service delivery and strengthen the project's data management and reporting system. The project's target for data quality of health centers' service data was as follows:

- 90% of HCs will submit the monthly reporting forms on-time for the quarter to be assessed (timeliness);
- 90% of HCs will submit monthly reporting forms where 90% of the data elements are filled (completeness);
- 90% of HCs' service data will be accurate in monthly report for each month of the quarter to be assessed (accuracy);

The preliminary results of the RDQA for CPMTCT supported HCs are as follow:

- Of the expected 1,557 months of data for 519 HCs for the quarter assessed, only 3 (0.2%) were missing, i.e. 1,554 months of data were submitted and reported on-time.
- 96% of HCs assessed have submitted monthly reporting forms where all data elements were filled; only 4 HCs didn't fill 5% to 10% of data elements.
- 96% of HC service data were accurate in monthly report for each month of the quarter assessed.

<u>Specific concerns you have with the quality of the data for program areas reported in this report</u>

Due to continuous technical support to project supported HCs and HPs through JSS, FSS and mentoring, there have been marked improvements in the consistency and accuracy of the PMTCT data. However, not all indicators required by the project can be collected from the HMIS at facility level (i.e. TB screening, partner testing in labor and delivery), which may cause under reporting. The M&E system and HMIS is not revised according to the newly initiated option B+, which adversely affects following the cohort of HIV + PW and HEI.

What you are doing on a routine basis to ensure that your data is high quality for each program area

Project staff continues to have discussions on data quality issues with RHB/ZHD and WrHO and put in place innovative ways to capture the required indicators such as tally sheets, using the remark column of the HMIS register, and distributing pre-ART registers to health centers. CPMTCT regional M&E officers and program officers perform regular data quality checks during joint supportive supervision and data collection.

Regular Self-assessment is in place in all health center, during this time they will do like what we did to keep the quality of data/ they will cross checked data found in the registration, wall chart and report sent to concerned bodies. They did reconciliations on regular bases.

During the transition meetings, it was agreed that the woreda, zonal and regional levels HMIS committees will oversee data quality issues after the end of the CPMTCT project.

How you planned to address those concerns / improve the quality of your data for each program area

For those indicators not captured by HMIS, health care providers have been advised to record this data on the remarks column of the registers and to use a tally sheet to collect the data regularly.

## 9. Major Activities planned in the next quarter [October to December 2014]

As the CPMTCT project will end on November 28th, 2014, the CPMTCT project has conducted the last round of data collection. In its last months, the CPMTCT project vehicles and equipment will be distributed and national and regional dissemination event will take place.

## 10. Environmental compliance

Describe any issues related to environmental compliance (if there are any)

The project has ensured that all the activities are implemented in accordance with the Environmental Compliance and Mitigation Plan. All materials used during training sessions for demonstration like gloves, syringes, RTK, ARV drugs; FP commodities, etc. have been properly collected and taken for disposal at the regional laboratory premises. Furthermore, all sharp medical tools were properly collected using sharp boxes and disposed of as per the infection prevention guideline in all of the training places. In addition, in all CPMTCT supported sites, project staff constantly coach facility staff to properly collect, handle and dispose of all medical hazards as per the infection prevention standard. Currently, almost all project supported sites have incinerators, placenta pits, medical equipment processing instruments, various infection prevention materials, etc. Furthermore, infection prevention practice has been an integral part of all MNCH/PMTCT related trainings.

## 11. Financial accomplishment (in USD)

| Life of Project budget (a) | Obligated to date (b) | Expenditure (Accrual and actual disbursement) to date (c) | Remaining balance (d) = (b) – (c) | Remarks |
|---|---|---|---|---|
| $31,827 | $31,254,813 | $30,906,144 | $348,699 | |

## 12. Issues requiring the attention of USAID Management

Identify and state issues that USAID needs to look at and address for each program area

Follow-up with the support of SCMS on supply chain management issues, particularly focusing on supply of ARV, CD4/DBS sample collection and transportation, test kits and staff training on supply chain management.

There are stand-alone Option B+ sites which encounter on and off ART drugs. Therefore, the mission should bring up this issue during meetings with SCMS and PFSA.

## 13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes ☐

No ☒

If yes, to which governmental office/s?

If No, why not?

After submitting the report to the mission, the report will be shared to FMOH, Urban and Agrarian Health Promotion Disease Prevention Directorate (if required).

## 14. Appendices